

**Arizona Department Of Education**  
**Child And Adult Care Food Program Center Site Application**  
**Fiscal Year \_\_\_\_\_**

<b>CTD#</b>	<b>Sponsor Name</b>	<b>Site Name</b>
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***Site Contact***

Name \_\_\_\_\_

Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

***Physical Address***

\_\_\_\_\_  
 \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

***Mailing Address***

\_\_\_\_\_  
 \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

***General Information***

**Type of Center:**

- ☐ Non-Profit or Public Center: Children or Adults
- ☐ For-Profit, Proprietary Title XIX Center: Adults only
- ☐ For-Profit, Proprietary Title XX Center: Children or Adults

**Classification:**

- ☐ CCC ☐ HS
- ☐ ADHC ☐ ES
- ☐ OSHC ☐ ARASS

**Type of Site Approval:**

- ☐ DHS License
- ☐ Tribal License or Approval
- ☐ Dept. Of Defense License
- ☐ Alternate Approval
- ☐ Exempt From Licensure Requirements

**License Number:**

**Licensed Capacity:**

**License Expiration:**

**First Date of Operation:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mm/dd/yy

**Last Date of Operation:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mm/dd/yy

**Contract for Food Service?**

- ☐ Yes ☐ No

**Number of Shifts for Each Meal Type**

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Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack	At-Risk After School Snack

**At-Risk After School Snack Program Description**

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Name of public school used to determine eligibility: \_\_\_\_\_

Educational or Enrichment Activities in the After School Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eligibility Begin Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyEligibility End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

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I certify that the information on this application is true to the best of my knowledge. I agree to the terms and conditions as defined in the Food Service Agreement and understand that this information is being given in connection with Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

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\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name of Authorized Signer\_\_\_\_\_  
Authorized Signature